

## Gaithersburg Youth Center Trip (Grades 6-8)

# LURAY CAVERNS

**Tue, Nov 6**  
**9am-5:30pm**

**\$30**  
**Members Only**

### Registration Information:

Return Permission Slip & Payment  
to City of Gaithersburg:

Activity Center/GYC Trip  
506 S. Frederick Ave.  
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the  
City of Gaithersburg. Visa,  
Discover, MasterCard, &  
AMEX accepted.

BOHRER PARK ACTIVITY CENTER  
506 S. FREDERICK AVE.  
GAITHERSBURG, MD 20877

LURAY CAVERNS  
101 CAVE HILL RD  
LURAY, VA 22835

### JOIN US FOR A FANTASTIC TRIP TO LURAY CAVERNS!

THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 9:00AM  
PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER AT 5:30PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350  
*Gaithersburg Parks, Recreation & Culture - Move...Play...Grow*

## Luray Caverns #7115

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		Luray Caverns	7115	11/6/18			\$30

*I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.*

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

**Please specify:** \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Visa/MC/DISC/AMEX# \_\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

**Office Use Only: 7115**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident: Y N  
Pr: \_\_\_\_\_ Date: \_\_\_\_\_